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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10582538 | <b>Applicant(s)/Patent Under Reexamination</b><br>SCHILLINGER ET AL. |
|   | <b>Examiner</b><br>ANDRE J ALLEN           | <b>Art Unit</b><br>2855  |

| ORIGINAL           |                                   |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|--|--|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |
| 73                 |                                   | 145.5    |  |  |  | B                            | E | D | C | 23 / 02 (2008.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 701                | 1                                 |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
|   | 1        |       | 17       |       | 5        |       | 33       |       |          |       |          |       |          |       |          |
|   | 2        | 1     | 18       |       | 8        |       | 34       |       |          |       |          |       |          |       |          |
|   | 3        | 2     | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 4        | 3     | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 5        |       | 21       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 6        |       | 22       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 7        |       | 23       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 8        |       | 24       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 9        |       | 25       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 10       |       | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 11       |       | 27       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 12       |       | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 13       |       | 29       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 14       |       | 30       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 15       |       | 31       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 16       | 4     | 32       |       |          |       |          |       |          |       |          |       |          |       |          |

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| NONE   |                             | <b>Total Claims Allowed:</b> |                    |
|  |                             | 6                            |                    |
| (Assistant Examiner)<br>/ANDRE J ALLEN/<br>Patent Examiner Art Unit 2855<br>(Primary Examiner) | (Date)<br>1-23-09<br>(Date) | O. G. Print Claim(s)         | O. G. Print Figure |
|  |                             | 18                           | 1                  |